

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Strabismus surgery – a guide for patients. The complete pamphlet contains more detailed information about the surgery and is available from your ophthalmologist.

Strabismus is the term for incorrect alignment of the eyes. That is, they do not point in the same direction when looking at an object. An eye with strabismus may turn inward, outward, upward or downward. Strabismus may be present all the time or it can come and go. It may occur in one eye only, or it may alternate from eye to eye.

In response to strabismus, the brain may:

- ignore the image from the affected eye (leading to impaired vision called amblyopia or “lazy eye”), or
- see two images (double vision).

The cause of strabismus is not fully understood. In most cases, it is due to a failure of the visual areas of the brain to control eye alignment. Less commonly, it may be a condition affecting eye muscles. Strabismus often runs in families. It can also be caused by disease or injury.

Early treatment provides the best opportunity for a successful outcome. In young children, prompt correction is crucial to good long-term results. Children with strabismus should be treated before they are six years old. Children never “grow out of” strabismus.

Not every patient with strabismus will require surgery. Other treatment options may be available. However, significant and persistent cases will almost always require surgery.

Medical history

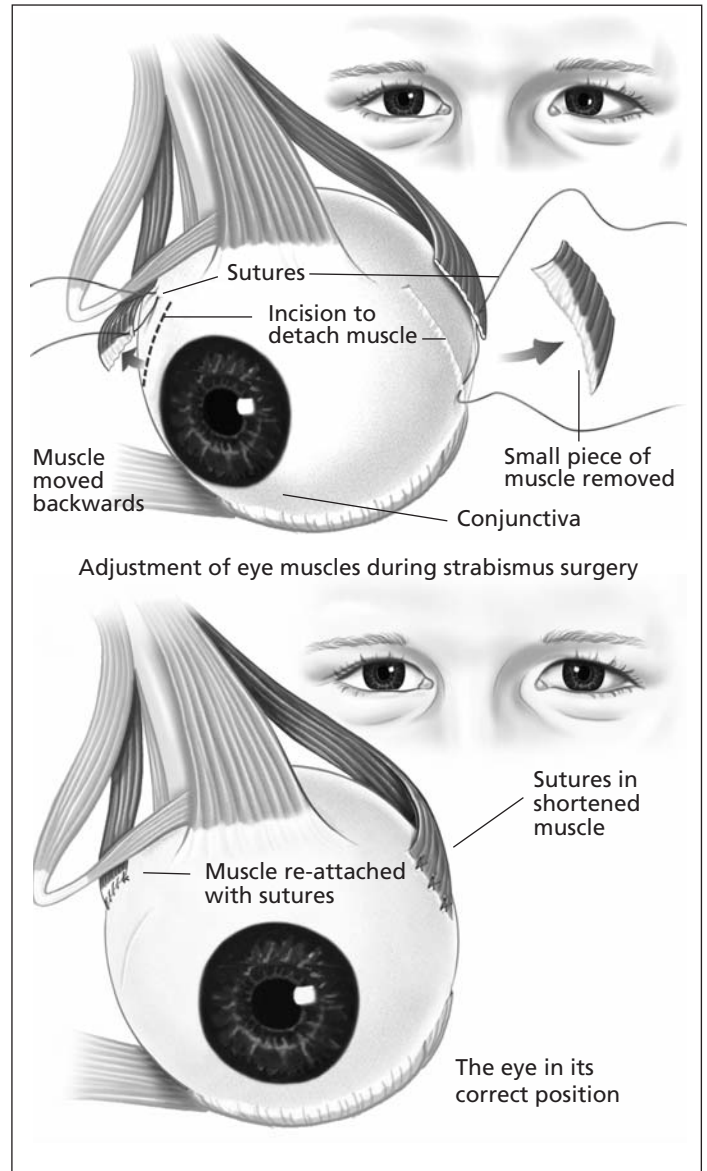
The ophthalmologist needs to know the patient’s medical history to plan the best treatment. Tell the ophthalmologist about any health problems the patient may have. Some may interfere with treatment, surgery, anaesthesia, recovery and treatment following recovery.

A decision to have surgery

As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of surgery. Only you can decide whether surgery is appropriate. If you have any questions, ask your ophthalmologist.

Anaesthesia

Strabismus surgery may be performed under local or general anaesthesia.



The surgical procedure

The ophthalmologist straightens one or both eyes by operating on the muscles that move the eyes. An incision is made in the conjunctiva (membrane covering the eye) to expose the front end of the eye muscle. A muscle may be repositioned by sewing it further back on the eyeball from where it was originally attached, thereby freeing up movement on that side. The muscle that pulls in the opposite direction may be tightened by removing a small piece and then reattaching the muscle to its original position.

Possible risks and complications

Strabismus surgery is safe and effective, but does have risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.